MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 09 38860

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	١							51						
2								52						
3								53						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	١	←		←		←		TOTAL IND.		←		←		←
TOTAL DEP.	2 4							TOTAL DEP.						
TOTAL CLAIMS	25							TOTAL CLAIMS						

★ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

PTO-1360